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Supporting Positive Relationships for Children and Young People who have Experience of Care

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insights

evidence summaries to support
social services in Scotland

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supporting positive relationships
for children and young people
who have experience of care

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written by

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Key points

- Before they come into care, children and young people's relationships are often fractured, chaotic, frightening, violent and abusive
- Being in care provides opportunities for children and young people to experience loving, secure, stable and safe relationships
- While in care, children value opportunities to build positive and meaningful relationships but experience difficulties in building and maintaining them
- Transitioning out of care is a challenging time and access to supportive relationships is critical for young people in helping them manage the demands of this experience
- Throughout the different stages of their care journey, access to positive and meaningful relationships is likely to lead to better long-term outcomes for children and young people
- Enabling and supporting high quality relationships between professionals and children and young people can be achieved but sometimes requires changes in services, teams and processes, as well as at the level of the individual professional

Introduction

It has recently been argued that

the relationships with people who care for and about children are the golden thread in children's lives, and [...] the quality of a child's relationships is the lens through which we should view what we do and plan to do (Care Inquiry, 2013, p2).

This review explores the growing emphasis being placed on the relationships of children and young people in care. It examines: the nature and type of these relationships; what indicators are used to define quality; why relationships are beneficial; what barriers there are to their formation; what initiatives have been designed to support relationships; and what evidence there is about their impact.

Why the focus on relationships?

There has been a growing focus on the relationships of children and young people in care. This emphasis stems from a number of developments. Firstly, there have been several investigations into the deaths of children living at home that are known to social services. These highlight common themes. One of these themes is a concern that professionals do not create or take opportunities to speak with children, to see them alone or to form meaningful relationships with them (Laming, 2003, 2009; Ofsted, 2011). Related to this, recent research (Broadhurst et al, 2010, 2010a) has highlighted the tendency of professionals within child protection systems to be overly reliant on bureaucratic, procedural requirements which, in the context of busy caseloads, compromise the ability of social workers to develop relationships with children and young people. Secondly, in relation to children and young people living in local authority care, a number of reviews have highlighted the vulnerability of children and young people to exploitative and abusive relationships (Lerpiniere et al, 2013). Thirdly, a number of consultations conducted with children and young people in care have shown that they

have a strong desire for better relationships with their social workers but opportunities for this are currently limited (What Makes The Difference, 2007; Siebelt et al, 2008; Morgan, 2011; Care Inquiry, 2013). Fourthly, research regarding young people leaving care has consistently demonstrated the importance of positive relationships in helping them manage this challenging transition process (Morgan, 2012).

The relationships of children and young people at different stages of their journey into, through and transitioning out of care is an issue of particular concern because it is clear that children and young people coming into care have been exposed to abuse, neglect and harm. A key process in helping them come to terms with their experiences is the development and experience of trusting, stable and nurturing relationships (Happer et al, 2006; Munro, 2011; Care Inquiry, 2013). Furthermore, under the United Nations Convention on the Rights of the Child (UNCRC) (UN, 1989) of which the UK is a signatory, children have rights to have contact with and be supported in their relationships with others where this is congruent with their best interests (UN, 1989; Winter, 2011; Munro, 2011). Professionals are obligated as duty bearers, to enable children to claim these and other related rights (McRae, 2006).

There is, therefore, a growing body of evidence to suggest that more attention needs to be paid to the development of high quality relationships between professionals, children, young people and their families. Serious case reviews and child abuse inquiries highlight how crucial it is that teachers, health visitors, the police and social workers all share responsibility for developing meaningful relationships with children with whom they work (DfE, 2013; Children and Young People (Scotland) Act 2014). It is within this context that there has been a growing emphasis on the shared responsibility for safeguarding children and young people and a resurgence of interest in the centrality of relationship within government-commissioned reports across the UK (Happer et al, 2006; SWIA, 2006; SSIA, 2007; DCSF, 2009; Devaney et al, 2013). This indicates that relationships should be at the heart of the care system.

“A key process in helping them come to terms with their experiences is the development and experience of trusting, stable and nurturing relationships”

What types of relationships are important and for what reasons?

Children and young people have indicated that it is not just relationships with professionals (including teachers and health professionals for example) that are important, but that there is a range of other people with whom they network and from whom they derive support. These include caregivers (foster carers, residential social workers, social workers, and respite care providers), mentors, youth workers, befrienders, peers and birth family (especially siblings) (Holland and Crowley, 2013). Often, relationships are thought of in terms of their quantity, blood tie, family form and frequency of contact. Far more important than any of these is the quality. There is some research to indicate, for example, that the presence in the life of a child or young person of one stable, significant adult is as important as a multiplicity of relationships (Singer et al, 2013).

Some research has identified that characteristics associated with high quality relationships relate to the functions they perform – informational (guidance and advice); instrumental (giving resources including time, money, access to services); emotional support (companionship, affection, trust); and appraisal (enhancement of self-worth) (Singer et al, 2013). An important and often overlooked aspect to the quality

of relationships is having opportunities to experience affection and the development of intimate knowledge relationships (Morgan, 2011; Holland and Crowley, 2013; Ridley et al, 2013).

From the perspective of children and young people, quality is sometimes associated with the length of time they have known the professional (Schofield and Stevenson, 2009). Other research indicates that children and young people value relationships with professionals, and in particular social workers, who: are reliable, honest, available and interested in them; listen to them; take them and their views seriously; accept and respect them; are ambitious for them; and who are committed to them through the best of times and the worst of times (Oliver, 2010; McLeod, 2010; Dickson et al, 2010; Morgan, 2011; Munro, 2011; Ryan, 2012; Care Inquiry, 2013; CSSIW, 2013). These views are in contrast with the views of social workers who often underestimate the significance of their relationships. The reason for this is that social workers' efforts are often focused on supporting the relationships that children and young people are developing with their new carers. In so doing, they fail to acknowledge how important they themselves are to children and young people. For example, it is often the social worker who is the only link between the past family life of the child and the new life they are now building in care (Winter, 2011, 2014).

Why are high quality relationships beneficial?

It is argued that the experience of positive, safe and stable relationships helps children and young people build secure attachments, develop self-confidence, self-esteem and self-reliance and contributes to a strong sense of identity and belonging (Fahlberg, 1994; Ryan, 2012; Care Inquiry, 2013). Furthermore, it follows that with these foundations in place, children and young people are afforded the best chance to secure positive long-term outcomes in education, health and overall well being (Happer et al, 2006; Siebelt et al, 2008; DCSF, 2009; Ryan, 2012). From the perspective of children and young people, stable, significant relationships are beneficial as they provide someone to turn to at points of crisis and change, they provide encouragement and guidance and they provide endorsement at key life events such as graduation or marriage (Singer et al, 2013). Longstanding relationships can also provide a platform to making sense of the past, filling in gaps regarding one's own personal narrative. Such relationships, therefore, perform an important role in identity formation, particularly when children cannot return home (Neill and Howe, 2004; Schofield and Stevenson, 2009; Winter, 2013).

What are the barriers?

We hear a lot about how difficult it is for professionals and children and young people to build and maintain high quality relationships with each other. There are several reasons for this. From the perspective of children and young people, their attachment relationships may have been disrupted. Secure attachment relationships contribute to the healthy emotional development of children, providing them with skills, competence and capacity to regulate their own emotions, understand others and to form healthy relationships (Shemmings, 2011; Furnivall, 2011). In the absence of a secure attachment relationship, some children can find it difficult to trust adults in the face of previously negative and abusive encounters (Leeson, 2007; Munro, 2011; Winter, 2011). These feelings of mistrust can be exacerbated by constant changes of worker, the lack of time to form relationships and by professional decisions that are made about the lives of children and young people with which a child or young person does not agree. Furthermore, children and young people may have developed coping mechanisms that result in them not taking opportunities to form relationships through fear of rejection (Reimer, 2010; Care Inquiry, 2013).

From the perspective of professionals, commonly cited barriers in developing and sustaining relationships include: lack of time, training and tools; caseloads that are too high; too much emphasis on the bureaucratic, form filling aspects of the job; a fear of complaints; accusations of over-involvement and an adverse emotional impact on them by forming close relationships with children and young people (SWIA, 2006; Siebelt et al, 2008; Laming, 2009; Broadhurst et al, 2010; Morgan, 2012; Ruch, 2014); and management styles that reproduce managerialist, objective, emotionally detached ways of working (Ruch, 2012).

Another related issue is that social workers tend to view relationships as sequential and linear – that is, to form new relationships, all previous relationships should be brought to an end. While understandable in the context of the professional imperative to protect children from harm, a more nuanced approach would suggest that there can be positive and negative elements to individual relationships and that it is better to perceive relationships as networks, with some people in that network being or becoming more prominent at different points and events in the life of a child or young person (Care Inquiry, 2013).

How can practitioners challenge the existing barriers?

Challenging identified barriers requires an approach that begins with the individual but also involves tackling organisational cultures, practice norms and the broader structural context in which social work is delivered (Ruch et al, 2010). Beginning at the level of the individual, Forrester and colleagues (2013) highlight that, sometimes, parental resistance is as much down to the confrontational communicative style of social workers, as it is down to the parents themselves. Their research shows that communicative styles characterised by clarity about the concerns, warmth and empathy are correlated with lower levels of parental resistance. Importantly, the same work notes that organisational cultures can either foster these types of skill or constrain their development. Other developments aimed at changing the organisational and structural context of social work (Ruch, 2014) are described below. Each has, as its common aim and purpose, the desire to enhance the strength and quality of relationships between social workers and young people. As will be seen, the evidence as to whether the new models of service delivery have achieved that aim is varied. These initiatives can be grouped under the following themes: social work processes; social work structures; and social work training in relation to work with children and young people.

Models of good practice and policy initiatives – what are they and do they work?

Social work processes

In the late 1990s, social work processes underpinning work with children and families across the UK underwent a complete transformation with the introduction of new children's legislation and the 'looked after child' (LAC) system. The LAC system introduced new statutory obligations for the introduction of review, management and planning for all children and young people in care, through revised assessment and care planning systems. With regards to the assessment of children and young people, there are a variety of frameworks across the UK including: Understanding the Needs of Children in Northern Ireland (UNOCINI) (DHSSPSNI, 2008), Getting it Right for Every Child (GIRFEC) (Scottish Government, 2012) and Framework for the Assessment of Children in Need and their Families (Department of Health, 2000). All of these stress the centrality of child-focused assessment practices and that such practices should be premised upon a meaningful relationship with each child or young person. Once in care, the formal care planning process requires social services, in conjunction with other professionals, to consider at regular time intervals the social and identity needs of children and young

people. The care planning process also requires that the significant relationships of children and young people are supported through contact arrangements. The agreed care plan, which is the subject of regular review, reflects the right of a child or young person under articles 7, 8, 9, 10 and 20 of the UNCRC (UN, 1989), to have their identity and relationships protected and promoted where this is in line with their best interests.

The care planning process has recently been enhanced for care leavers through the introduction of new legislation across the UK (Children Leaving Care Act 2000; The Care Leavers (England) Regulations 2010; Children (Leaving Care) Act (Northern Ireland) 2002; The Children and Young People (Scotland) Act 2014). This is in recognition of their vulnerability as they transition out of care. There is now a legal requirement to identify the formal and informal networks in the lives of young people, and to work out with the young person, how these networks can best be accessed and supported. A key question with regards to the assessment and care planning frameworks for children and young people in care and transitioning out of care is whether they are successful in helping children and young people develop and maintain their relationships. The research indicates that children and young people can be hindered in developing strong, healthy relationships by delays in care planning and permanency planning (SACR, 2011).

For those in care, some are still not routinely involved in the development of their plans. The research also shows that while care planning does establish an agreement regarding contact, that adherence to the agreement can diminish over time. The result is that some children's relationships with their birth family can peter out over time (Macaskill, 2002; Sen and Broadhurst, 2011). However, the research also shows that once young people leave care, some do reconnect with their birth families and that some relationships strengthen once more (Mendes et al, 2012). This appears to apply particularly where the relationships have continued at some level through the period in care and where young people feel that the positives they glean from these relationships outweigh the negatives. Research that has sought the views of children and young people regarding their contact plans tells us that some are seeking more time with their families and friends than social services are prepared to agree to, because of concerns about risk (Morgan, 2007a, 2009; Sen and Broadhurst, 2011). They also state that they want more flexibility regarding how and when they conduct their relationships and that they want a greater degree of involvement in the development of plans that support their relationships (Leeson, 2007; Stanley et al, 2012). A concerning fact is that some research has revealed that children and young people have no idea what their plan is and that they have not been involved in the process of drawing it up (VOYPIC, 2013; Fern, 2014).

Social work services

Residential care

In different parts of the UK there have recently been great strides to reconfigure services for children and young people in care through the introduction of models that give greater prominence to the importance of relationships. Residential children's homes in particular have been the focus of many recent developments. In different parts of the UK for example, social pedagogy programmes have been introduced into children's homes (Milligan, 2009; Berridge et al, 2011; Smith, 2012). Social pedagogical approaches have a strong evidence base in a European context in terms of promoting high quality adult carer-child relationships (Cameron et al, 2011). The study by Milligan (2009) highlighted that those trained in social pedagogy thought that the approach had introduced a stronger child rights perspective into their work. The study by Berridge and colleagues (2011) involved an evaluation of a number of residential units where a social pedagogy model to service delivery had been introduced.

Berridge and colleagues highlighted the positive views of some young people living in residential care who shared positive experiences of this new approach. Trips and activities were organised, there was evidence of a readiness to listen and understand, and there were appropriate displays of affection and care 'which was found to be comforting and supportive'. Overall however, in

relation to the measures used (a Residential Homes Observation Tool, Quality of Care Index, Strengths and Difficulties Questionnaire) no statistically significant differences were found between those residential homes that employed social pedagogues and those that did not. Outcomes for the young people, including for example, education, health and wellbeing, showed no statistically significant differences either. Berridge and colleagues stressed the importance of contextualising the results, particularly in view of the placement duration rates that were short – a matter of only a few months.

As noted in the report, further longitudinal studies might be helpful in revealing possible positive impacts of a social pedagogical approach over a longer period of time, although effects would need to take account of the high turnover of young people living in residential care units.

A more recent evaluation of residential care services, conducted in Northern Ireland (MacDonald et al, 2012), examines the impact and outcomes of five different types of therapeutic model that have been recently introduced into residential children's homes and where the strength and quality of the worker–young person relationship forms a central

component to practice. The report noted that care staff believed that their practice had been enhanced following the introduction of the models, particularly with regard to the management of challenging behaviour, where there was an increased emphasis on the use of relationship to understand the context of the challenging behaviour rather than just contain it. Some young people noted a change in the style and approach of residential care staff. Impact and outcome was measured in terms of the number of recorded untoward incidents. The report concluded that it was not possible to say with any degree of confidence whether the introduction of these new approaches was making an impact because of limitations in the research design.

“Known as ‘Head, Heart and Hands’, the programme aims to support foster carers to help children build positive relationships and improve their outcomes.”

Fostering services

Foster care services have also seen developments. Fostering Network, a UK-wide organisation supporting foster carers, is currently involved in the delivery of a social pedagogical model of care in foster care placements for children and young people. Known as 'Head, Heart and Hands', the programme aims to support foster carers to help children build positive relationships and improve their outcomes. It is too soon to report findings of this project.

Findings are, however, available in relation to another intervention – the introduction of Multidimensional Treatment Foster Care for Adolescents within some foster placements. This intervention is premised on social learning and family systems theories, which seek to provide children and young people with a structured and therapeutic home living environment. It relies on foster carers having consistent, high quality relationships to more effectively manage, support and follow through consequences with the young person involved. Successes in reducing behavioural difficulties in some, although not all, young people, are reported (Biehal et al, 2012).

Leaving care services

In Scotland, recently introduced legislation (Children and Young People (Scotland) Act 2014) makes it a requirement that, based upon an assessment, care leavers can receive support up until they are 25 years old. To this end, the guidance called *Staying put Scotland* places an emphasis on a gradual and needs-led approach to transition planning (as opposed to an age-based approach). Services that can be accessed by those transitioning into leaving care include: being able to stay with foster carers into adulthood and being able to access financial, housing and social support into adulthood.

There are similar developments in England, Wales and Northern Ireland. For example, in England, the *Planning transition to adulthood for care leavers regulations and guidance 2010*, the *Fostering regulations and guidance 2011* and the recently introduced DfE et al, (2013) guidance *Staying put* detail arrangements for those young people aged 18 years plus, to continue living with their 'former' foster carers. A common theme, is the desirability of relationships formed between young people and their carers being continued and maintained into young adulthood and beyond, in much the same way as happens in many other family types (Stein, 2012; Pinkerton and Rooney, 2014). Whether and to what extent, these new measures will improve long-term outcomes for those transitioning out of care, is the subject of ongoing evaluation.

Social work teams

Another model that was piloted in some local authorities in England between 2009 and 2012 is Social Work Practices. Established with the aim of securing better quality social worker–child relationships, Social Work Practices was designed to operate independently but receive referrals from local authorities. In achieving their aim, the objectives of Social Work Practices included: greater social worker continuity; reduced caseloads; interdisciplinarity and enhanced opportunities for social workers to undertake direct work with children and young people. The evaluation of the five pilot projects (Stanley et al, 2012) indicated that social workers did experience greater time and flexibility to build and maintain relationships with children and young people, and that there were increased opportunities to undertake direct work. Reduction in placement moves was noted in some, but not all, of the pilots.

The perspectives of children and young people indicated that some had experienced a disruption in their relationship with a social worker through the transfer of their case to a Social Work Practice and that this had been done, on occasion, without their consent. In some Social Work Practices, greater worker consistency was not achieved. In terms of the quality of their relationships with social workers, there were no observable differences for children and

young people between the Social Work Practices and local authority social work teams (Stanley et al, 2012) although it was noted that small teams and a flexible approach enhanced the perception of a personalised service. In a further follow-up analysis (Ridley et al, 2013) that specifically reported the views of ‘looked after’ young people and care leavers regarding their involvement with Social Work Practices, it was found that they ‘related better to, and liked those practitioners most, whom they felt took time to understand their situation, and validated their perspective’ (p6) and that ‘a sense of being cared for, of experiencing positive care, emerged as a key aspect of positive relationships’ (p7).

“...it was found that they ‘related better to, and liked those practitioners most, whom they felt took time to understand their situation, and validated their perspective’.”

In another example of restructuring, some areas have established systemic units. These are small units made up of a social work consultant, social work practitioner, clinician and sometimes, other professionals. They represent an attempt to reconfigure the organisational context and culture for the delivery of services to children at local level, and again, focus on the delivery of an interdisciplinary approach. This local control, it is argued, encourages greater local innovation and allows the development of enhanced, better quality relationships between social workers, children and families as noted in a positive evaluation (Cross et al, 2010). A further review of systemic units (Forrester et al, 2013) noted that these did result in more time spent with families and children; consistently high levels of skills in direct work with children and families; and an ability to be able to spend more time with families at points of crisis.

Social work professionals

There have been recent moves to enhance the training of social workers (Lefevre, 2013). In particular, there has been a call to enhance curriculum content so that the development of social workers' communication and relationship skills are strengthened through the provision of experiential, participatory and on-going 'live' learning opportunities; learning that involves live work with families and children (Lefevre, 2013). These developments are ongoing. Interesting and related developments include the design of online training courses regarding direct work with children to strengthen relationships (Kent University), and the publication of a number of books and manuals that provide a detailed account of the knowledge, skills and methods required to build relationships with children and young people (Luckock and Lefevre, 2008; Winter, 2011; Tate and Wasu, 2012). In other developments (Winter, 2011; Croke, 2013), it is argued that the full implementation of a child rights-based approach would facilitate the development of better relationships between children and their social workers. This is because the development of a child rights framework would allow for the development of child-centred indicators against which the quality of relationship could be chartered, documented and practiced.

What are the key messages for practice?

- Positive, meaningful relationships are crucial to overall health and wellbeing
- Children and young people in care have a right to identity, including association and contact with their families of origin where congruent with their best interests
- Where congruent with children and young people's best interests, relationships should be preserved, respected and nurtured
- Relationships are best viewed as networks rather than as a set of sequential, linear connections
- Where relationships perform positive functions, professionals need to challenge the assumption that for new relationships to form, old ones must be severed
- Plans should provide opportunities for children to develop appropriate, affectionate relationships with their carers
- Developing better practice requires change at the level of individual, organisational and structural context
- Further research is required to assess the impact of policy and practice developments on the quality of the social worker–child relationship
- Further work is required to collate examples of good practice at local level
- Drawing upon international evidence, it seems that social pedagogical models of care might provide a strong platform upon which to develop practice in this area

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